

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

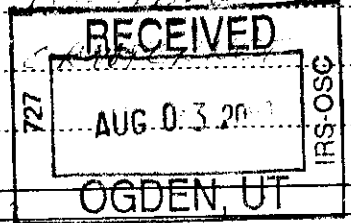
**Part I** General Information

1 Name of organization <u>FRIENDS OF RAMONA BARNES</u>		Employer identification number <u>APPLIED FOR</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>P.O. Box 103382</u>		<u>912064667</u>
City or town, state, and ZIP code <u>ANCHORAGE, AK 99510</u>		
3 E-mail address of organization <u>NONE</u>		
4a Name of custodian of records <u>RAMONA BARNES</u>	4b Custodian's address <u>P.O. Box 103382</u> <u>ANCHORAGE, AK 99510</u>	
5a Name of contact person <u>RAMONA BARNES</u>	5b Contact person's address <u>P.O. Box 103382</u> <u>ANCHORAGE, AK 99510</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code		

**Part II** Purpose

7 Describe the purpose of the organization  
RAISE DONATIONS FOR CAMPAIGN

NOTE: FILING ELECTRONICALLY IS NOT POSSIBLE /  
DO NOT HAVE A PERSONAL COMPUTER  
SERVICE



**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<u>NONE</u>		

